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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/852,958
	Filing Date	05/10/2001
	First Named Inventor	David Sirbasku
	Art Unit	1642
	Examiner Name	S. Unger
Total Number of Pages in This Submission	Attorney Docket Number	7219.007

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	DUNLAP, CODDING & ROGERS, P.C.		
Signature			
Printed name	Kathryn L. Hester, Ph.D.		
Date	09/28/2007	Reg. No.	46,768

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PTO/SB/82 (09-04)

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Application Number	09/852,958
Filing Date	05/10/2001
First Named Inventor	David Sirbasku
Art Unit	1642
Examiner Name	S. Unger
Attorney Docket Number	7219.007

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 30589

☒ Please change the correspondence address for the above-identified application to:

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I am the:

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☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

David Sirbasku

Date

09/27/2007

Telephone

(972) 550-0310

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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